

☒ YES ☐ NO

THE CLEVELAND MUSEUM OF ART

**THE CLEVELAND MUSEUM OF ART
FORTY-FIFTH ANNUAL EXHIBITION OF WORK BY ARTISTS AND CRAFTSMEN OF THE WESTERN RESERVE**

MAY 8 to JUNE 16, 1963

PLEASE
LETTER
PLAINLY
OR TYPE

Collaborator if any _____

Artist

KATHRYN JABLONSKI

FIRST NAME

LAST NAME

Address _____

2906 W. 14th St.

NO.

STREET

CITY

(13) CLEVELAND - CUYAHOGA

ZONE

COUNTY

Tel

PR1-3584

Out-of-town residents should state whether return shipment is required. ☐ YES ☐ NO

Please enclose Registration Fee of \$2.00 (Check or Money Order) with Entry Blank...

[illegible]

SUBMIT ENTRY BLANK NO LATER THAN MARCH 11, 1963.

Use second blank if required

IMPORTANT

This entry blank must be fully made out, (typewritten or plainly printed) and signed. Unsigned entry blanks will not be accepted.

Note calendar for delivery and return of objects carefully. It is understood that the Museum will have the right to dispose for its own account any entry not called for by July 25, 1963.

The submission of entries will be construed as acceptance of all conditions printed in this entry blank.

Kathryn Dahlstrom
SIGNATURE

SIGNATURE _____

REC'D MAR 11 1963